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ABSTRACT

The basic hypothesis of this paper is that problems in separation-individuation in infancy and/or adolescence may result in difficulties in utilizing learning skills. Furthermore, it is emphasized that the two periods of separation-individuation, while similar in many ways, have their own unique qualities and resolutions. Three case histories are presented to illustrate the basic hypothesis: The first discusses a 14-year-old male adolescent who exhibited lack of motivation and mediocre performance in school and points out the implications in the psychodynamics of his case. The second discusses a problem that originated in difficulties encountered in the first separation-individuation period even though the precipitating symptomatology was not evidenced until adolescence. The third case illustrates the fact that the individuation problems can be prominent in both developmental phases of infancy and adolescence. (WR)

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Separation-Individuation in Relation to Reading and Learning Inhibition in Adolescence

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In a previous paper (1) it was suggested that frequent difficulties in the utilization of learning skills often occur as the result of problems in the separation-individuation process. The major thesis was that the unique process of separation-individuation, which is an integral aspect of normal development in infancy, is repeated once more with the onset of adolescence. Thus many of the learning difficulties typically experienced by the adolescent revolve around intense dependency conflicts, and the search for the kind of autonomy which allows one a concept of identity.

CS 001 484

The purpose of this paper is to elaborate further on the struggles the adolescent has as he attempts to establish some degree of stabilization and to work (learn) effectively. More specifically we will discuss the psychodynamic constellation of the family as it facilitates or retards this process, with special emphasis on the adolescent's ability to acquire skills and use them effectively.

The First Separation-Individuation Phase

Before these issues can be discussed, it would seem advisable to briefly summarize the significant contributions of Margaret Mahler. (4) Through a careful study of infancy, Mahler structures a series of developmental steps, beginning at birth and concluding at approximately the fourth year of life. It is during this extraordinary period of physical, mental and emotional development that the child struggles to establish a certain degree of independence from the mother figure, and at the same time adapt to the rigors and vicissitudes of the external environment. It is a struggle which only <u>begins</u> during the first years of life; and as you will see, follows the person through the course of his life.

Mahler has carefully outlined the specific stages in the separation-individuation process of early childhood. She speaks of differentiation (4-5 months of age) perhaps best exemplified by the social smile which gradually becomes the specific smiling response to the mother. The period of differentiation is over-

lapped by the practicing period (7-10 months up to 15-16 months). Now the child has the capacity to be more active in physically separating from his mother and in using motility as a means of beginning to establish an incipient form of psychologic independence.* It is during this practicing period that one may see vividly some of the earliest antecedents of the independence/dependence conflicts that will be discovered later. For example, Mahler speaks of the concept of emotional refueling where the youngster periodically must establish some physical contact with the mother figure, touching base as it were, in order to venture forth again. By the time the child has reached the age of three, he has begun to establish a pattern for himself which will allow him to move out into his world and at the same time to deal with the part of him which always wants to stay dependent.

What has been described by Mahler is a series of developmental stages marked by the increased differentiation of the physical and psychological apparatuses. The two are inextricably interwoven with one another. The development occurs in a process

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* Many of those individuals who have stressed the importance of various kinds of perceptual-motor training in severe kinds of learning disabilities often have not recognized that the greatest benefit from this type of training is the effect on the child's concept of himself. A youngster who has experienced problems in early locomotion and motility often begins to look upon himself as defective. Later training may further the development of a sense of mastery and a better sense of ego autonomy. Hopefully, this will then translate itself into desk top activities. The perceptual-motor specialist will do well to re-examine their procedures in this light.

of maturation, dependent only upon the intactness of the neurologic structure and the relative stability of the external environment. As pointed out above, it is our intention in this paper to show some of the things that may occur because of adverse environmental influences.

The Second Stage of Separation-Individuation

After a relatively quiescent period, the earlier dependency struggles are reactivated in early adolescence. In actuality one perceives a kind of re-enactment of the earlier separation-individuation process.

The child must now separate himself from the fusion of the family, just as before he had to separate himself from his mother. Concommitant with this process and dependent on it, the adolescent has the task of crystallizing out a unique sense of self and personal identity, the foundations of which were laid in the earlier separation-individuation period. Now as before, we may expect partial regressions to an undifferentiated phase. Educators are familiar with the "seventh and eighth grade slump." This may be seen in the present context partially as the result of anxiety around the need to separate which interferes with school performance.

Remembering the infant's love affair with the world at the onset of independent locomotion, we can see its parallel in the adolescent's feelings of self-aggrandizement and devaluation

of the parent following from the exhiliarating experience of new manhood or womanhood. As physical maturation is completed, the adolescent begins to gain mastery over his new physical appearance and changing self-concept. In this uncertain time he uses his peer group for refueling in much the same way that he once returned to his mother's side. The difference in these separation-individuation phases in infancy and in adolescence may be summed up by stating that in the earlier separation phase real physical autonomy gives rise to psychological differentiation, while in the later phase separation must be achieved on an intrapsychic level regardless of the physical distance established. (For example, a child who attempts to assert his independence by going off to college may not be inwardly independent at all). The signal that the struggle over dependence-independence issues has been resolved occurs when the young adult can return home in comfort to meet his parents on a "different level" after a secure identity apart from the family has been achieved.

Problems in Separation-Individuation as Related to Learning

This outline of the separation-individuation process applies to adolescents in general. However, as clinicians, it is the adolescent in trouble who claims our attention. Because of the over-riding importance of school during these years, it is often (but not necessarily) in the realm of interferences with learning that the adolescent signals his psychological distress. We speak now of those with adequate intelligence who have acquired all the reading skills necessary, but who show an inability to apply these

to the academic situation. The basic defect is not in the acquisition of the necessary reading skills, but in the utilization of these skills.

Let us illustrate our basic hypothesis through some representative case histories:

Paul, a fourteen year old adolescent, was referred because of continued mediocre performance in school and an almost complete lack of motivation to invest himself in anything. He was described by both his parents and teachers as "lazy", a "dawdler", and as a procrastinator par excellence. Rarely were his assignments handed in on time; what he did accomplish was usually done in a messy and haphazard manner. Although he was an extremely intelligent youngster, he rarely made use of this intelligence in a constructive fashion. Nothing apparently could capture his interest; he would not even venture a guess as to his future vocational preference. In speaking with the boy, one had the impression of a young man who was desperately trying to establish some kind of identity. At other times his passivity came across so strongly that it was felt that he had despaired in ever finding himself - a real abandonment of the search for a defined self. Instead he was all too often resigning himself to a vague existence bordering on nothingness. The ultimate solution in Paul's case was to attempt to find some meaning in life by "turning on" in the only way he knew - through drugs.

The early history of this young man was not remarkable. So far as his maturation was concerned, it seemed to have been within normal limits. He walked alone at twelve to thirteen months. He talked early and never had any difficulty in speech. The family situation too, seemed to be quite stable without any apparent intrafamilial pathology.

Paul's first six years in school were eminently successful. His parents reported that he generally excelled in school and always received glowing reports from his teachers. The problems described above came on quite suddenly and coincided with the onset of adolescence. Since that time, each year has brought about an exacerbation of the symptoms. The parents have tried various tutors without success; in desperation, at the present time, they are seriously considering a military academy as the next "solution." (It is of considerable interest that both parents are of the opinion that a military school might help Paul "grow up" and become "more responsible.")

There are a number of interesting implications in the psychodynamics of this case. In the first place, there was nothing remarkable about Paul's initial phase of separation-individuation. From all indications, physical, intellectual, social, and emotional development proceeded normally. In school, Paul showed no clues that his academic performance would deteriorate so badly at the time of adolescence. Yet, the onset of adolescence unquestionably brought about a complete and rather abrupt change in behavior and

adaptiveness. We feel that the course of Paul's problem illustrates nicely that the second separation-individuation period, although similar to the phases in the first stage, is not simply a new edition of past events. Rather, adolescence brings unique problems that are not always related to interference in the first sequence of separation-individuation.

In the second place, Paul's case is noteworthy because of the significant influence of physical factors on the stages of separation-individuation in adolescence. As a matter of fact it was his accelerated physical development which turned out to be the chief culprit effecting his difficulties. Paul had reached puberty at the age of 10; by the time he was 11, he evidenced all of the usual secondary sexual characteristics. Despite this advanced physical and sexual development, Paul remained a "little boy" emotionally. Although his instinctual drives stimulated him to move out and explore the world in accordance with his level of physical development, his lack of opportunity to systematically and gradually adapt himself to this big new world made him terribly fearful and overwhelmed. In desperation, he chose to withdraw, to retreat into his own shell rather than risk the terrible threat of separation and being "on his own" before he was ready. The whole problem was compounded by the fact that Paul's parents were relatively permissive. Where, in a sense, he cried out for direction and structure, in the early stages of his problem at least, they allowed him almost complete freedom. It was only after a number of years that the parents became more greatly alarmed and began to institute more restrictive procedures. By

this time the pattern of conflict over independence-dependence had been established in Paul, and he would look upon any measure on the part of his parents as simply a threat to his already very unstable autonomy.

Anna Freud's concept of developmental lines emphasizes that the development of the child from infantile to adult patterns proceeds along numerous dimensions or lines of personality, comprised of both drive and ego contributions, and that discrepancies between different levels reached along different lines produce many normal and pathological variations (3). Ego functions develop separately at first, each at its own pace and influenced independently by internal and external factors. When one function, however, (in Paul's case, the physical development) moves far ahead of the others, this must have a deleterious effect on the development of the other functions, because it operates against the integrative and harmonious functioning of the whole personality. This can occur at any age; usually a healthy ego has a synthetic function which can impose a high degree of unity in overall functioning. But when the ego is weak and unstable because of the physical and physiological changes which occur at puberty, this kind of control is less likely to occur. In Paul's case his ego was beleaguered by the impingement of impulses which came much too early-before he had an opportunity to reintegrate and establish a conflict-free sphere for himself. Perhaps more

structure imposed by the parents at that time would have provided Paul with an external ego ally. This may have given him the time and the opportunity to adjust to the accelerated enhancement of one ego function and to move more adaptively through the successive stages of separation-individuation in adolescence.

In the second case which we will present, we will show that the problem originates in difficulties encountered in the first separation-individuation period even though the precipitating symptomatology was not evidenced until adolescence. Michelle was also referred because of mediocre work in school. In contrast to Paul, however, she expressed rather clearly and definitely what she wanted to do with her life. Part of this involved her very strong desire (almost overwhelming in intensity) to get away from home and off to college. This was so pressing in Michelle's thinking that she spent many hours conceiving of plans through which she could graduate from high school earlier and get to college. In addition, Michelle showed an overvalent need to resist what she perceived as a devouring and all absorbing mother figure. Thus whatever the mother suggested, Michelle would almost always have to assume a diametrically opposed position. Even on relatively trivial matters such as dress, etc. Michelle's attitudes deviated radically from those of her mother's.

As might be expected, this was not limited solely to the relationship with the mother, but was transferred to other situations as well. Specifically, Michelle showed a high degree

of obstinacy and pugnaciousness in school, usually directed toward female teachers. Michelle's attitude here essentially conveyed her need to alter situations rather than to accept them passively. A number of teachers indeed stated that Michelle often "came in with a chip on her shoulder." Despite her high intelligence, Michelle evidenced little confidence in her ability to produce; indeed she tended to disparage her own productions almost as much as she was derogatory toward others.

As contrasted with Paul, Michelle's early history suggested that there would be some problems in moving successfully through the early stages of separation-individuation. Michelle was adopted at two weeks of age. The parents then went abroad for three months when Michelle was only one month old, that is, after they had Michelle for only two weeks. Certainly this would not suggest that Michelle would have had a consistent mother-figure in the very first stage of development.

Michelle's early development was slow, according to the mother. She did not walk until around eighteen months of age. This was attributed to her being heavy. She also showed no inclination to reach out or try to walk prior to that time. Michelle was close to two years of age before she said words, and three years old before she began to put words together.

Michelle began school when she was five years of age. At that time, she was rather withdrawn and phlegmatic. By age six, however, she came out of her shell and genuinely seemed to

like going to school. She did well during the first six grades of school. The only cause of concern for the parents was the fairly frequent report from Michelle's teachers that the child tended tc be stubborn and "to withdraw from class" whenever the teacher put any great pressure on her.

When Michelle entered the seventh grade, her marks declined precipitously. Her parents were not overly concerned since they felt that she simply needed some time to adjust to junior high school. But instead of improving, Michelle continued to do poorly, while her behavior both at home and in school declined. At times she would be cooperative in class and appear to be interested; all too often, she would very easily become antagonistic to the teacher. When she became even more agitated, she would resort to hurling strong verbal abuses upon the teacher. Her whole attitude expressed the feeling that no one was going to tell her what to do. Her mood alternated between excitation and depression.

This case differs from that of Paul primarily in that the roots of the difficulties are to be found in the problems encountered in the first separation-individuation period. Right from the start, Michelle had to cope with a mother-figure who was anything but consistent and nurturing. During Michelle's "practicing period" (approximately 12-15 months of age), instead of a mother who served as a stable home base, the youngster was forced to obtain her "emotional refueling" from a series of

different governesses. It is not surprising that both her speech and motility (primary functions of the ego) were retarded in development. Although she managed to perform fairly successfully in school after an initial rocky start, the problems brought on by the poor environment during the separation-individuation process in infancy lay just below the surface. Inevitably they would erupt under the impact of adolescence and the recrudescence of all of the problems not resolved earlier.

The obstinate, aggressive behavior manifested by Michelle to all authority represented one solution to the intense conflicts she experienced over independence-dependence. On the one hand, she really wanted to be a little girl and to receive the unconditional loving care and total immediate gratification that is associated with infancy. On the other hand, she felt that she should be much more "grown-up" - that she should be able to act more responsibly and in a self-denying way. She was literally torn between these two wishes. When she felt that she was succumbing to her desire to be totally dependent (to recapture the early childhood that had passed her by), she became guilty and felt inadequate. She would reason that she must be inferior, or otherwise, why would she want to be a baby? This, of course, was followed by her need to convince herself and others that she was anything but dependent - that she was indeed, her own person. This accounted, in large part, for her need to alter situations,

to fight the mother, and to disagree with practically all authority.

Our third case is Sherry who is a fourteen year old white female, attending a suburban ninth grade. She has been in three schools in the last two years. At the start of eighth grade, Sherry attended a private parochial school, then developed mononucleosis and was out of school for a period of three months. The private school she had attended would not take her back, and so Sherry was enrolled in the neighborhood junior high. She was quite unhappy there. As a result, her parents switched her to a different public school out of the immediate area. Sherry found this to be somewhat more acceptable. Her plans for tenth grade were to enroll in yet another school - a small private school.

As Sherry remembered it, she had never wanted to go to school. Even in kindergarten she had been unhappy. Then when she was eight years old, she had been operated on for a congenital heart defect and had to remain at home for several months after the operation. She still feels extreme fatigue after exercise or exertion.

Last year Sherry was absent a total of sixty-eight days during the first two quarters. A psychologist had once been consulted who called Sherry's problem "school phobia" and had recommended therapy, but Sherry refused to go. Since Sherry is bright, she was not failing in school - but, she was just barely passing. Her major complaint was that she could not make up all the work she had missed, but she could do the daily assignments.

She also complained of having very few friends. She was rarely in school to make friends.

In her family, Sherry was the third and youngest child. Her two older brothers were fourteen and more years older, so Sherry grew up virtually as an only child. The brothers had left home the same year that Sherry had been operated on. Sherry's mother and father live in the same house but have virtually no relationship with each other. Father is a taciturn man who rarely talks about his feelings. Sherry feels this lack of communication. Her interaction with father consists mostly of fighting. It reminds mother of her relationship with her own father. For her part, mother keeps busy with many people who are dependent on her. Sherry resents this, but defends mother on the grounds that there is no one else to take this responsibility. She and mother remain close. In fact, mother has arranged volunteer work for Sherry at the same hospital at which she volunteers, the same days and hours so that they can come and go together. She had also taken Sherry into her confidence about how poor her communication is with her husband. Lately she and Sherry have taken to eating dinner together early before father arrives home. He then eats separately....

Sherry's case is illustrative of one in which separation-individuation problems are prominent in both developmental phases of infancy and adolescence. In addition, acts of fate in the form of serious illness have had the effect of necessitating long periods of recuperation at home wherein an earlier level of

mother-child interaction was maintained and came to exert a retrogressive pull on development. Sherry's high intelligence keeps her passing in school, but her failure to work up to her capacity must be labelled an (emotional) learning problem.

Mother's own dynamics must now be considered in order to understand the core of Sherry's problems. Mother, in all probability, was not able to complete the work of her own separation individuation phase and maintained an inappropriate attachment to her own mother. This interfered with her ability to form a mature relationship with her husband right from the start. Though she chose a partner who for his own reasons could not tolerate closeness, there was a certain amount of disappointment for both of them in what the marriage failed to provide. This disappointment was expressed in the couple's increasing isolation, poor communication, and outright despair. The timing was now ripe for one of them to replace the loss of the partner with one of the children.

In the history of women like Sherry's mother, one often finds that mother's own primary mothering figure was physically or psychologically unavailable. As a child then her own attachment to such a mother was fraught with anxiety. She resolves this anxiety only as an adult with a kind of generational somersault. Sherry is not free to ignore the powerful message to remain at mother's side, because mother communicates that somehow her essential well-being is at stake. For Sherry the result is frequent absence from school and a lack of investment in the

learning process at a level commensurate with her ability. This pattern, so frequently referred to as "school phobia", is in actuality anxiety about separation and individuation played out between mother and child with the school as a kind of third party, standing for age-appropriate reality.

Conclusion

The basic hypothesis of this paper is that problems in separation-individuation in infancy and/or adolescence may result in difficulties in the utilization of learning skills. Furthermore, it was emphasized that the two periods of separation-individuation while similiar in many ways each has its own unique qualities and resolutions. Margaret Mahler, who probably has written more on separation-individuation than anyone else, herself did not relate separation-individuation to adolescence and apparently did not think that the later phase repeated exactly the specific phases in infancy. Nevertheless, in her discussion on the influence of the rapproachment sub-phase she states that "the clinical outcome will be determined by later developments and experiences including the developmental crisis of adolescence". (5)

In the few cases that we have presented, we certainly have not exhausted the infinite variety of dynamic constellations that can facilitate, hinder, or almost stop the development of separation-individuation in infancy and in adolescence. Nor have we begun to touch on the multi-variegated solutions that can be effected

in response to crisis. We do feel strongly that the role of familial interaction and familial pathology perhaps has not received sufficient attention in relationship to outcomes of separation-individuation. The case of Sherry provides strong evidence of the need for further research in this area.

One cannot close without warning that problems in separation-individuation constitute merely one aspect (if an extremely important aspect) of total personality development. We have only peripherally referred to other factors in our case presentations; nevertheless, they must always be kept in consideration. Finally, one must always bear in mind that we speak of a specialized clinical population. Many adolescents who have difficulty in learning can be helped with a purely educational approach.

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